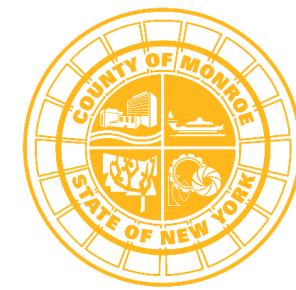




Cross Systems Action Team

Quarterly Meeting

25 September 2025



Agenda

Working together for children with unmet complex needs

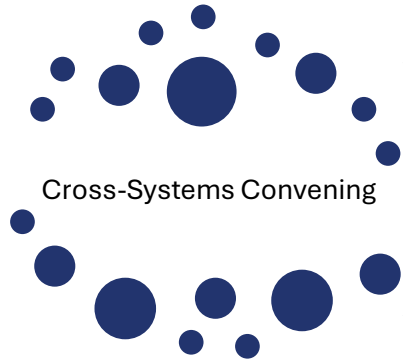


- **Welcome and Introductions**
- **One-Year Reflection**
 - What have we accomplished together?
 - Video Recap
 - Timeliness and relevance to *C.K. v. McDonald*
- **Working Group Updates**
- **Guest Speakers w/ Q&A** – Todd Archbold, CEO, PrairieCare and Kirsten Anderson, Executive Director, AspireMN
- **Other Updates & Announcements**
- **Wrap Up**



One-Year Reflection

Working together for children with unmet complex needs



Cross-Systems Convening

Sept. 16,
2024



First Action Team Meeting
Letter to Gov. Hochul Based
on Consensus Themes and
Recommendations

Nov. 2024



Launched Advocacy
Workgroup
Joint Letter Budget
Advocacy

Jan.-Feb.
2025



Launched Quarterly Action
Team Meetings
Bicameral Legislation
Introduced Regarding Youth
with Complex Needs
(A7603/S7978)

Mar.-Sept.
2025



Fall 2025-
Winter 2026

One-Year Reflection - Video (Click on the picture to view)



Timeliness and relevance to *C.K. v. McDonald*



Working together for children with unmet complex needs

Class action lawsuit aimed at improving access to intensive home and community-based mental health services for Medicaid-eligible children in New York State. The agreement establishes a multi-year plan to ensure timely delivery of medically necessary services, including **Intensive Care Coordination (ICC)**, **Intensive Home-Based Behavioral Health Services (IHBBHS)**, and **Mobile Crisis Services**, in compliance with federal laws such as the Medicaid Act, Americans with Disabilities Act, and Rehabilitation Act.

Key provisions include:

Development of an Implementation Plan: A detailed roadmap for service redesign, eligibility criteria, reimbursement rates, and quality improvement measures.

Quality Improvement Plan (QIP): A system to monitor service delivery, utilization, and effectiveness through performance indicators and audits.

Independent Reviewer: Oversight of compliance, dispute resolution, and annual reporting to the Court.

Rollout Period: An 8-year timeline for statewide implementation, followed by an evaluation period to assess compliance with exit criteria.

Dispute Resolution Mechanisms: Mediation and court enforcement processes to address disagreements.

The Fairness Hearing to review the proposed agreement will be held on **January 6, 2026, at 10:00 am**

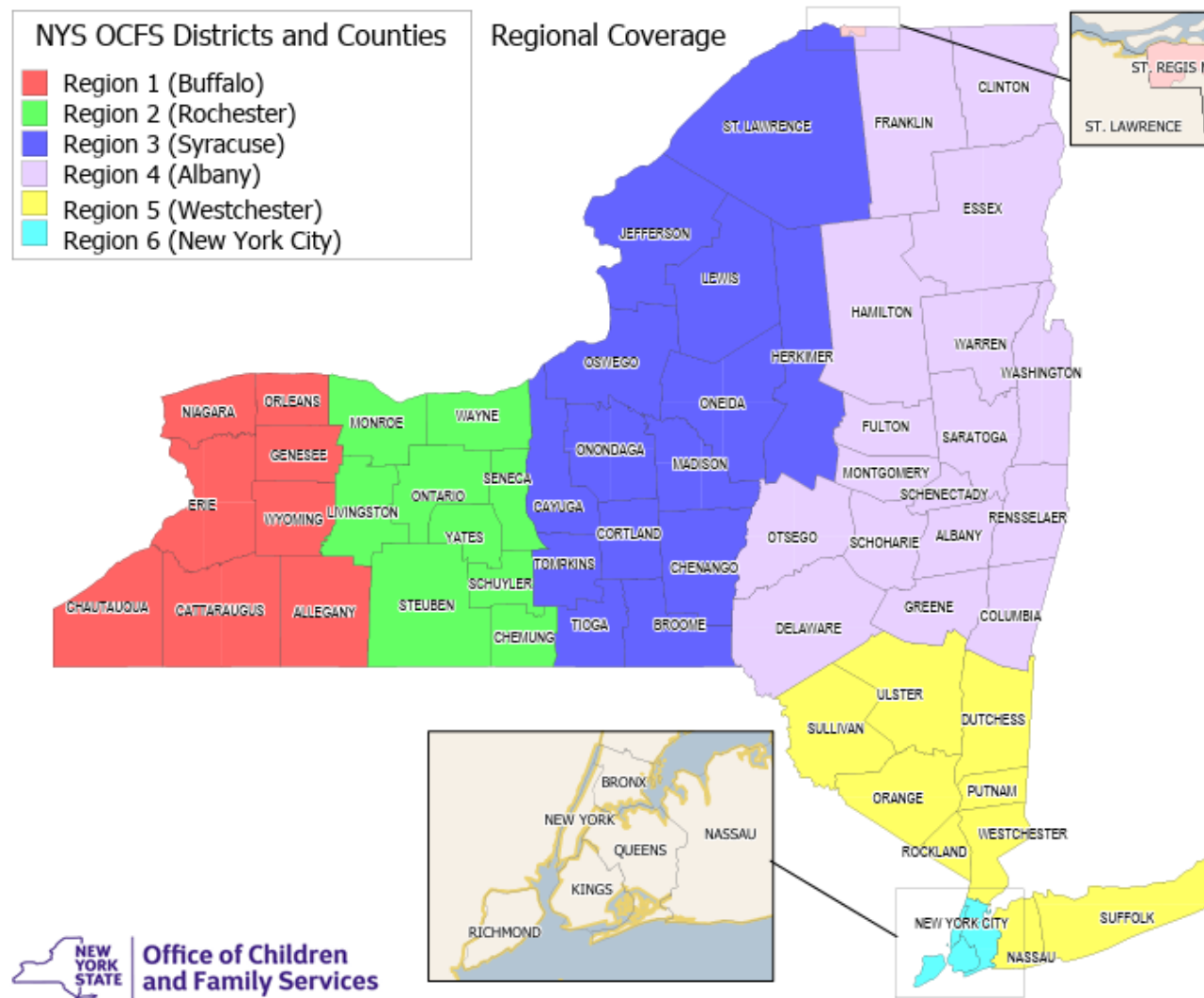
Workgroup Updates



Widening the Circle

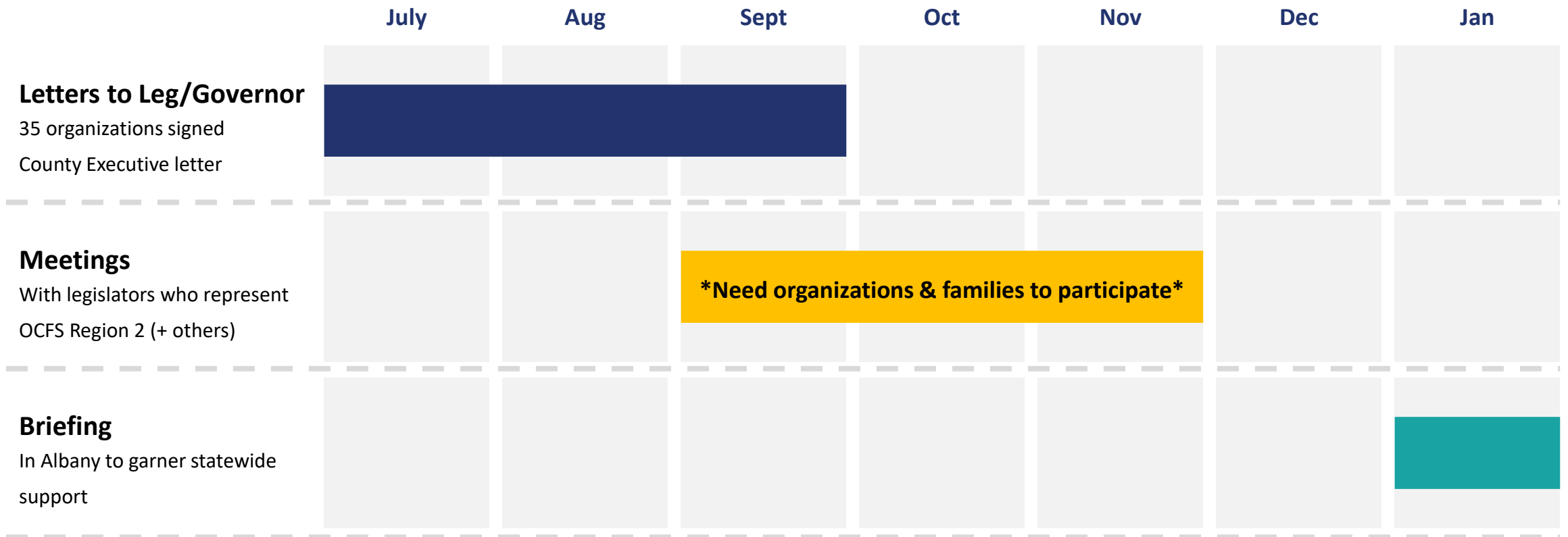
Starting locally then expanding statewide

- OCFS Region 2 + Genesee and Wyoming counties
- Chairs and Ranking Members of relevant committees and Assembly/Senate leadership
- All legislators



Advocacy Strategy

Goals: Advance A.7603/S.7978 (Boarding in Hospitals) & \$25M in One-House Budget Bills



Workgroup Updates



MN Mental Health Collaboration Hub

An example of another states' effort to address unmet complex needs



The Mental Health Collaboration Hub

The Mental Health Collaboration Hub helps connect youth boarding in hospitals and emergency departments to mental health treatment and safe living environments. The MHCH is open to all health care systems, mental health treatment providers, and social service agencies that have a role in helping youth and families live healthy lives. Register today to learn more.

[See MHCH Info Sheet](#)

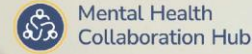


Getting to “Yes!” Lessons learned from Community Providers

In August 2022, hospital systems and child and family service providers started a grassroots effort to share ideas and resources to get to yes and deliver appropriate community-based care for children boarding in hospitals.

Designed to capture data and track outcomes, this effort has yielded valuable data and become a venue to identify barriers to care. The Mental Health Collaboration Hub is focused on children who are boarding and do not meet criteria for a hospital level of care. The model replicated the centralized communication strategy used during the COVID-19 pandemic which was supported by the coordination and leadership Metro Health Care Coalition.

- ▶ The collaboration launched with the consensus that it was better to attempt to coordinate resources to serve children who are boarding than to do nothing.
- ▶ Children are boarding in Juvenile Detention and “hoteling” with counties in addition to boarding in hospitals, the Hub has invited these systems to also engage and have had limited success in fully expanding to meet these unique system needs.
- ▶ Relationships are critical to Getting to Yes – within the MHCH and for designing solutions for children.
- ▶ Creating shared understanding of systems and networking is foundational to individualizing services for children.
- ▶ Clinical decisionmakers are essential to better understand the unique assets and challenges to provide individualized care.
- ▶ Transparency and candor are key features – to the extent it can be achieved with client and systemic limitations.
- ▶ Foster care is important and underrecognized as a critical factor to support children to access care in the community.



Lessons continued:

- ▶ All systems players are required to design “yes” solutions (community providers, safety net providers, counties, state, and client/family/natural supports).
- ▶ Individualization is critical and challenging to achieve – due to barriers of information, timing, training and capacity to design individualized responses in an environment of scarcity.
- ▶ Liability concerns for both the boarding setting, and possible treatment setting are added barriers.
- ▶ The ability to support a child with unsafe behaviors is challenged by: staffing (ability to staff 1:1), training (equipping staff to best support the child), milieu safety concerns, insufficient information shared with the service providers.
- ▶ Care needs often fall within numerous disconnected service silos, requiring bespoke coordination for optimal intervention.
- ▶ Families are often not able to fully engage; they have been challenged with the lack of care and are reluctant to trust, often mired in their own life challenges, and other complexities can make full participation difficult or impossible.
- ▶ We need greater flexibility in residential care – especially group home level of care where services can be individualized and where children are able to experience stability.
- ▶ Counties authorizing payment for care in a timely manner is a common barrier.



Looking forward:

- ▶ The Mental Health Collaboration Hub will continue to gather data and perspective that is otherwise not available in our system; including learning from care pathways that come from discussions and collaborative work.
- ▶ Leverage growing dataset to create shared understanding between providers and policymakers.
- ▶ Identifying resources to support creative service solutions and expedite care when there are delays for the payor is an opportunity to improve outcomes and pilot solutions that may have greater systemic application.
- ▶ Collaborate with the newly stood-up Acute Care Transitions team within DHS to swiftly identify and execute the systemic flexibilities and enhanced funding required to get to yes for children boarding.



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Guest Speakers

Working together for children with unmet complex needs



Kirsten Anderson
Executive Director
AspireMN



Todd Archbold
Chief Executive Officer
PrairieCare



Discussion

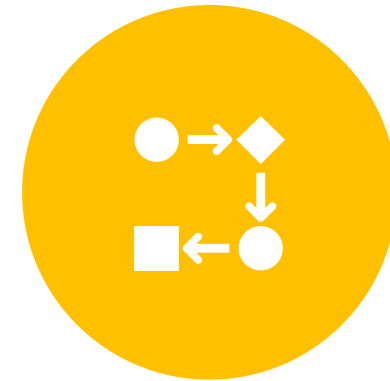
Working together for children with unmet complex needs



What about the MN Mental Health Collaboration Hub example **sparks your interest or curiosity?**



Based on what you have heard, what are the **key elements we should consider in New York to improve data sharing and collaboration** regarding children boarding in hospitals?



As we **set the stage for redesign**, are there principles or strategies we can incorporate now?